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Bib Data Sheet

CONFIRMATION NO. 7185

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|--|---|-------------------------------|---|--------------------------------------|---------------------------------|
| SERIAL NUMBER 09/893,495 | FILING DATE 06/28/2001 RULE | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. 01-025 | |
| APPLICANTS Jay S. Walker, Ridgefield, CT; Magdalena Mik, Greenwich, CT; Jason Krantz, Madison, WI; James A. Jorasch, Stamford, CT; | | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/282,132 03/31/1999 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/17/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY CT | SHEETS DRAWING 16 | TOTAL CLAIMS 51 | INDEPENDENT CLAIMS 10 |
| ADDRESS Dean Alderucci Walker Digital Corporation Five High Ridge Park Stamford ,CT 06905-1326 | | | | | |
| TITLE Patient care delivery system | | | | | |
| FILING FEE RECEIVED 1828 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |